

Situation of Personal Hygiene Practices Among Senior Citizens

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Abstract

Ageing is defined by biologists as a continuous process that starts from conception to death. This study focused on elderly individuals aged 60 years and above. It employed a descriptive design and a census method was applied for data through interviews and questionnaires. The primary data was analyzed using a survey research design, descriptive, and exploratory methods. The sample population included 230 senior citizens selected through census sampling techniques. The study revealed that the majority (29.13%) of senior citizens were in the age group of 60-64 years, while the lowest (10.87%) were in the age group of 80 years and above. About 53.48% of the respondents were married, with 31.74% being widows/widowers and 12.61% separated. The majority of the respondents identified as Chhetri and followed the Hindu religion. Additionally, 50.87% were illiterate, while 49.13% were literate. The findings indicated that the status of senior citizens is influenced by factors such as education, economic status, and family support. Most of the elders know about personal hygiene but in practice they are weak.

Keywords: Ageing, Old age, Senior Citizen

Introduction

The process of ageing, a predictable biological phenomenon, manifests as a gradual decline in physical capabilities as individuals negotiate various life stages. This phenomenon, universal in its occurrence, assumes diverse implications across developed and developing nations, influenced by complicated interplays of socio-cultural, economic, and societal dynamics. Improvements in healthcare, often correlated with the progression of aging, contribute to lowered fertility and mortality rates. From a biological angle, aging entails the progressive deterioration of normal bodily functions, primarily discontinuing from cellular and physiological alterations that directly impose upon organ functionality and overall health. This multidimensional process includes physical, psychological, and social transformations, wherein certain exhibit progression while others exhibit regression. Projections indicate a substantial flow in the global population aged 65 years or older, dignified to more than double from 761 million in 2021 to 1.6 billion by 2050

(Nations, 2023). Particularly, the population aged 80 years or older is rising at a faster step. For instance, in Nepal, the demographic landscape has witnessed a noteworthy rise in the number of individuals aged 65 years and above, surging from 489,566 in 1981 to 1,397,583 in 2011, marking a 2.85-fold increase with an annual growth rate of 3.50% during the period 1981-2001 (CBS, 2014). The increasing proportion of older persons compared to young persons is called the growing proportion of elderly individuals regarding younger cohorts is captured by the aging index, which in Nepal has surged from 6.28% in 1911 to 15.50% in 2011, with anticipations of further boom due to demographic transitions. This index's trajectory often links with the economic prosperity of communication. It is the process of growing old, resulting in part from a failure of body cells to function normally or to create new body cells to replace those that are dead or nonfunctional (Pathath, 2017) is delineated by international frameworks such as those delineated by (Briggs, 1983).). A prevailing discourse emphasizes the heightened vulnerability of older women to socio-economic and health adversities relative to older men, emphasized by initiatives like the Second World Assembly on Aging in 2002 (Knodel, 2003). However, despite policy assurances, slight attention has been directed towards addressing the needs of the elderly (Acharya et al., 2023). Nepal's demographic landscape is perceiving a gradual shift to an aging population, outpacing the expansion of socioeconomic and healthcare infrastructures. Traditional familial care models confront challenges engendered by societal transformations wrought by migration and globalization (Chalise HN, 2022). The transition from a primitive stationary population state in 1911 to a dynamic one in 2011 has led to an altered age structure, with a burgeoning proportion of individuals aged 65 and above, comprising 6.8% for males and 7.1% for females in 2011. This demographic transition portends far-reaching implications for Nepal's societal fabric and economy. The growing elderly population underscores the imperative for robust social security mechanisms among modernization, urbanization, and social trouble. The provision of care for the elderly not only emphasizes their strengths but also mitigates vulnerabilities (Phillips, 1992). Despite the increasing number of elderly care centers, challenges persist, particularly for those separated from familial support (Acharya, 2008).

Literature Review

Ageing, a natural process, encompasses the gradual decline in both physical and mental capacities experienced by individuals. This progression varies from person

to person, often marked by a reduction in energy and physical stamina. Notably, the elderly demographic constitutes an increasing segment of society, presenting unique health challenges that require comprehensive medical and psychosocial support. Overall, the shift towards community-based care of elderly populations reflects a broader understanding of the importance of promoting dignity, autonomy, and well-being in later life. While institutional care remains necessary for certain individuals with complex medical needs, there is a growing consensus that community-based care should be prioritized whenever viable support to aging in place and enhance the overall quality of life for elderly individuals (Aronson & Neysmith, 1997). However, in many developing nations, population aging is perceived as an additional strain on already limited resources. Addressing this concern, the Vienna International Plan of action on aging, endorsed by the United Nations General Assembly in 1982, emphasized the importance of training, research, and knowledge exchange to inform social policies and interventions. Recognizing aging as a multifaceted phenomenon, the United Nations Principles of older persons were established in 1991, delineating principles across five key domains: independence, participation, care, self-fulfillment, and dignity. The discerned principles and alterations in the normative underpinnings and anticipations surrounding familial support hold paramount implications for gerontological policy formulation, particularly concerning the advancement of provisions catering to elderly individuals (Aboderin, 2004). The Second World Assembly on Ageing in 2002, held in Madrid, resulted in the adoption of an international plan of action on ageing, which Nepal also ratified. This plan outlined 19 articles and recommendations aimed at both national and international levels, with an emphasis on assessing a nation's progress based on the availability of support for elderly individuals within families and communities. The Madrid International Plan of action on ageing identified three priority directions: integrating older persons into development initiatives, enhancing health and well-being in old age, and ensuring supportive environments conducive to ageing (CEPAL, 2021). Global ageing presents both challenges and opportunities. Factors such as improved living standards, education, and healthcare directly influence longevity. Moreover, ageing is not merely a problem but also signifies a success story of the 21st century. Senior citizens serve as repositories of knowledge and skills, offering invaluable contributions to society. Their role in fostering informal social networks reinforces community cohesion and family bonds (Escuder-Mollon & Cabedo, 2014). The demographic shift towards an

ageing population stands as a significant milestone in contemporary society. Enhancing our comprehension of how aging intersects with broader social and economic dynamics is crucial for recognizing and mitigating the heightened risks of exclusion encountered by older individuals globally (Springer, 2020).

Role Theory

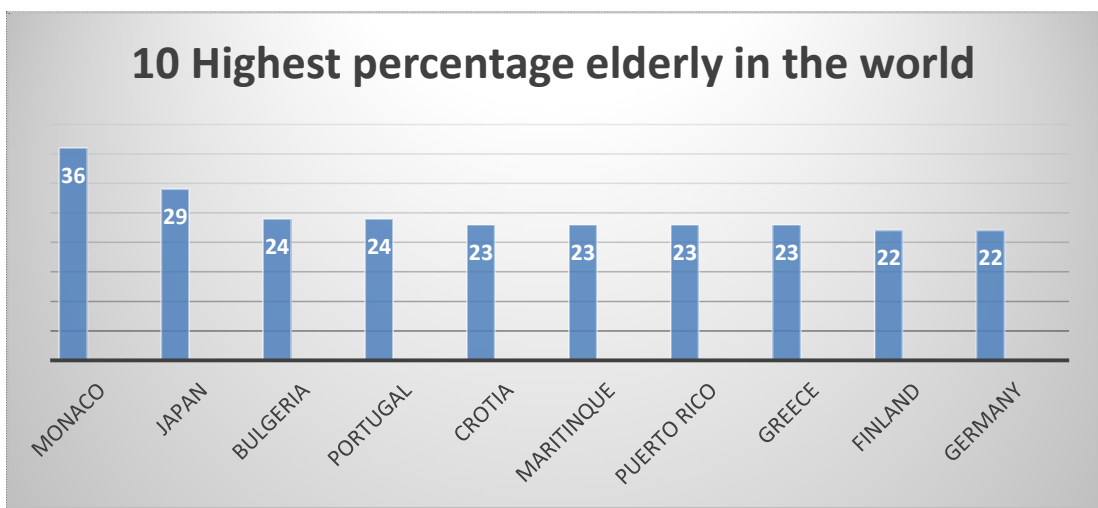
Role theory, originating from the work of American sociologist Robert Merton, is a commonly employed framework for understanding the health and well-being benefits of volunteering and assisting others. Roles denote individuals' social positions (e.g., teacher, mother, customer) and the associated behaviors. These roles carry varied risks and advantages influenced by personal attributes, historical periods, and cultural settings. Roles facilitate connections with others and resource access, nurturing feelings of security, status elevation, and personal satisfaction. Moreover, roles offer behavioral guidance in ambiguous situations, potentially reducing stress and enhancing well-being. Individuals often occupy multiple roles simultaneously, with this set evolving throughout life. However, with aging, there's often a growing disparity between acquired and lost roles. Older adults frequently experience a net loss of roles, such as those related to parenthood, spousal responsibilities, employment, and active community involvement. Volunteering and aiding others can serve as substitutes for lost roles across the lifespan. For instance, post-retirement volunteering might mitigate the negative repercussions of losing the occupational role, such as diminished self-worth and identity.(Aartsen & Hansen, 2019)

Activity theory

The theory of aging known as Activity Theory emphasizes that social engagement is the core element of life for elderly individuals. Engaging in various activities is vital for the overall health and well-being of seniors. Those who remain active tend to experience enhanced mental, physical, and social adjustment, as highlighted by Burgess in 1960. It is important to avoid excluding older individuals from meaningful social activities(Rose, 2016). Older adults can potentially create a unique subculture that offers them purposeful roles and activities based on their life experiences, knowledge, newfound leisure time, and sustained interest in the world around them. This may involve participating in social programs and engaging in political activities (Harvey & Alexander, 2012). also recommend that older adults who embrace a wide range of activities and roles tend to enjoy a more positive aging experience, adapt to the aging process more effectively, and find greater satisfaction

in their lives. By 2015, the 0-4 age group worldwide peaked at approximately 585 million, then declined. In more developed nations, the count of children aged 0-4 was 82 million in 1950, decreasing steadily since the 1970s to an anticipated 65 million by 2050. Conversely, the proportion of individuals aged 65 and above, which stood at 8 percent in 1950, has now doubled to 16 percent and is projected to reach 26 percent by 2050. In Nepal, the population aged 60 and above increased from 6.5 percent in 2001 to 8.14 percent, with an annual growth rate of 4.33%. By 2050, the elderly population (aged 60 and above) is forecasted to constitute around 25 percent of the total population, with the annual growth rate remaining constant (CBS, 2011).

Figure 1: Ten Highest percentage elderly in the world



Source: PRB, World Population Datasheet 2023

The above figure shows that Monaco stands out with the highest proportion at 36%, indicating a significant elderly population possibly attracted by the region's high standard of living. Japan follows closely at 29%, reflecting its well-known demographic shift towards an aging population due to factors like low birth rates. Bulgaria and Portugal stake a notable 24%, suggesting considerable elderly demographics. Similarly, Croatia, Martinique, Puerto Rico, Greece, Finland, Serbia, and Germany range from 22% to 23%, showcasing a global trend towards aging populations.

Methodology

This study is based on a quantitative nature and descriptive design based on the study side of Gangajamuna Municipality of Dhading district. A simple random procedure was used, and a sample size of 230 senior citizens was selected. This research was based on primary data collected through personal interviews with the

respondents but who were not able to hear and speak properly, they were excluded. To provide a broad horizon, secondary sources were also reviewed and presented wherever necessary. Collected data were processed (data entry, scrutiny, tabulation, etc.), coded, and processed in the computer. SPSS Version 16 was used to analyze the data and cross-tabulation.

Results

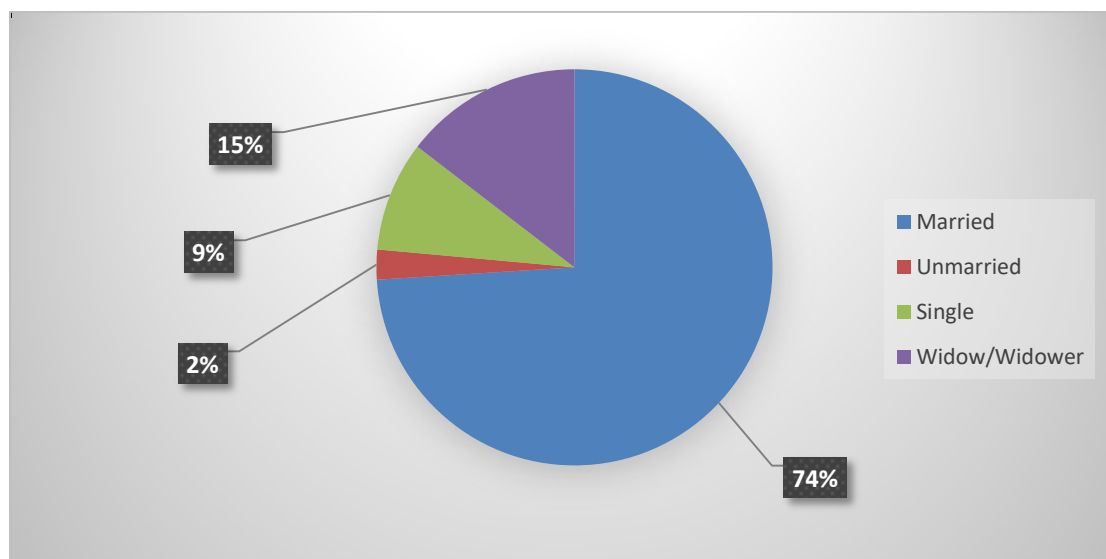
Age and Sex of the Respondents

In our country, there exists an inequality in life expectancy between males and females. In the study area, there is a higher percentage of elderly females compared to males, as evidenced by the table indicating that males tend to have shorter lifespans. The senior citizen population is steadily growing with each passing day. Distribution of gender based on age groups. Respondents were divided into five age categories for both males and females. The table indicates that the highest percentage, 29.13%, of senior citizens belong to the 60-64 age group, while the lowest, 10.87%, are in the 80+ age group. Additionally, 24.78% fall into the 65-69 age group, 23.04% in the 70-74 age group, and 12.17% in the 75-79 age group. In summary, the majority of senior citizens are in the 60-64 age group.

Marital Status

A marriage is viewed as a long-term social and legal promise and bond between two individuals, founded on mutual rights and responsibilities. It extends beyond the individuals involved to become a recognized social institution, regulated and supported through legal, social, economic, and religious networks.

Figure 2: Marital Status

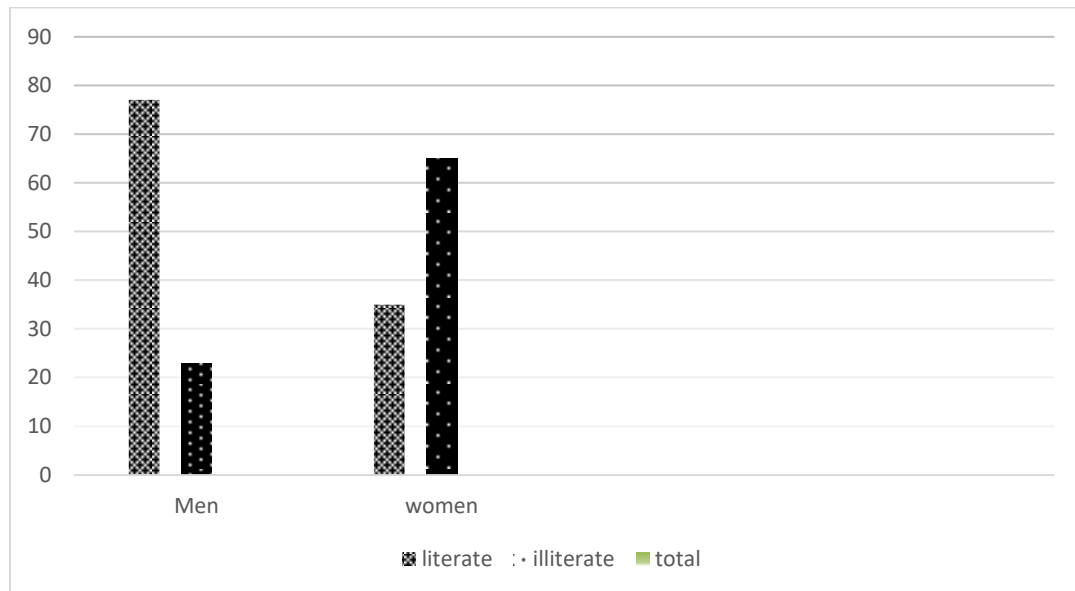


The data indicates that 53.48% of elderly individuals are in marital, with 39.88% being female and 75.86% being male. Equally, only a nominal fraction, represented by 3.49% of the total senior citizen population, are unmarried, while 12.61% are separated or divorced, with 14.69% being female and 9.21% male. Especially, the largest subgroup within the female demographic consists of widows, comprising 41.96% of women, while among men, widowers constitute 14.94%. This emphasizes the predominance of marital status among the elderly, with marriage being the prevailing condition for the majority, and unmarried status being relatively rare within this demographic cohort.

Educational Status of Senior Citizen

Education plays a significant role in determining the socioeconomic and demographic status of senior citizens. It serves as the basis for the development of society, community, and nation at large. The educational attainment of individuals reflects the level of development within a community. The literacy status of selected senior citizens serves as an indicator of community development.

Figure 2: Educational Situation



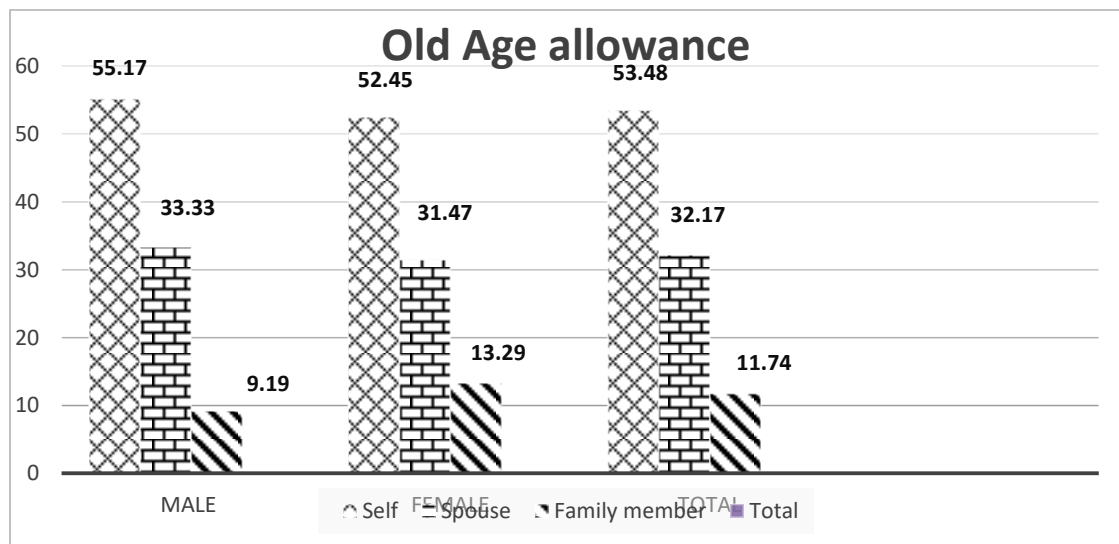
From an examination of senior citizen literacy levels, it emerges that 50.87% of the elderly possess literacy skills, with 34.97% being women and 77.01% men. Conversely, a substantial portion, comprising 49.13% of the elderly population, lacks literacy proficiency, with 65.03% being women and 22.98% men. This data reveals a notable gender disparity in literacy rates, with a higher proportion of women falling within the illiterate category compared to men. While the overall distribution between

literate and illiterate seniors appears relatively stable, the pronounced gender gap highlights biases in access to educational opportunities and literacy development, deserving further investigation into the factors contributing to this departure.

Old Age Allowance

The old age allowance is a non-contributory pension programme that supports older persons in sustaining their basic needs. Noncontributory pension also known as social pension are increasingly being used across the world as a policy instrument for providing social protection to senior citizen.

Figure 3: Old Age Allowance Using



The findings reveal that significant segment of the respondents, constituting 53.48%, exercise independent control over their financial allowances, with 55.17% being male and 52.45% female. In contrast, a notable proportion, amounting to 32.17%, select to delegate this responsibility to their spouses, with 33.33% being male and 31.47% female. A minority, representing merely 11.74%, assign their allowance to relatives or family members, with 13.29% being women and 9.19% men. Collectively, these results indicate a usual trend of autonomy among the majority of senior citizens concerning the management of their financial resources.

Personal Hygiene Practices in Senior Citizen

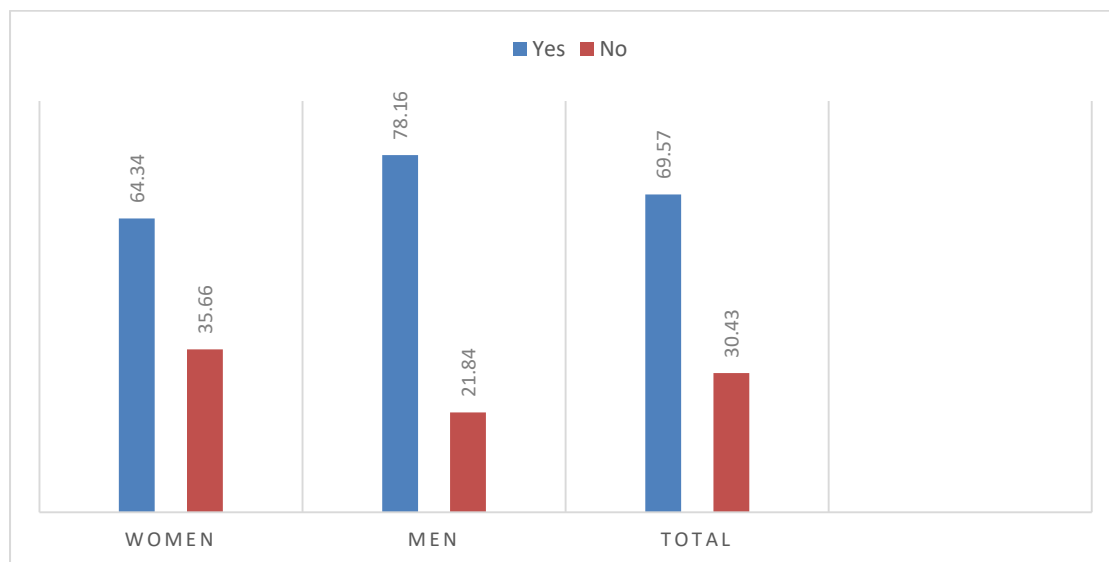
Personal hygiene encompasses the maintenance of bodily cleanliness through practices like bathing, handwashing, dental hygiene, and nail care. Given the regular exposure towards various pathogens in daily life, proper personal hygiene is crucial for preventing illness and preservation public health. Nevertheless, advancing age

often introduces challenges to maintaining optimal personal hygiene due to issues reduced mobility and impaired balance.

Distribution of Senior Citizen’s Health Problems

Health issues are common in old age, including physical, psychological, and sociological challenges. Problems with eyesight, digestion, and physical strength are typical. Economic issues can also impact their healthcare. Family support in nutrition is crucial for seniors, and health checkup information is discussed in the study area.

Figure 5: Health Problem of senior citizens



The cross-tabulation analysis of senior citizens, stratified by gender and their self-reported health concerns, reveals that within the study cohort, 69.57% report experiencing health issues, while 30.43% do not. Specifically, a higher percentage of males (78.16%) than females (64.34%) contend with health problems. Additionally, among those with health concerns, a majority are females (57.5%), indicating a higher prevalence of health problems among males. These findings underscore the gender-specific variations in health outcomes among senior citizens. Moreover, despite awareness of the adverse health effects associated with smoking and alcohol consumption, a significant portion of respondents report engaging in these behaviors. Specifically, 70.43% of respondents report smoking, and 28.26% report consuming alcohol. Likewise, 29.57% do not smoke, and 71.74% do not drink alcohol. This data highlights the prevalent engagement in smoking and alcohol use among the respondents, with a notable proportion abstaining from these behaviors. Such habits contribute of incidence of diseases, further prominence the importance of preventive health interventions among elderly populations.

Discussion

The study's major findings are organized according to specific objectives. Firstly, concerning demographic and socio-economic characteristics, it was observed that the highest percentage (29.13%) of senior citizens fell within the age group of 60-64 years, while the lowest (10.87%) were aged 80 years and above. A majority of respondents were married (53.48%), followed by separated (12.61%) and widow/widower (31.74%) individuals. Literacy rates among the elderly were 50.87%, with a higher literacy rate among males (57.26%) compared to females (42.74%). Regarding personal hygiene, all senior citizens were knowledgeable, primarily gaining information from health posts. Additionally, 76.09% of respondents emphasized the importance of personal hygiene. Economically, 38.69% were engaged in household work, predominantly females, while 75.22% were involved in economic activities, providing financial support to their families. Notably, 56.09% utilized their old age allowance for personal expenses. Secondly, regarding health status and personal hygiene activities, it was found that 69.57% of senior citizens reported health problems, with a higher prevalence among females. A significant proportion (32%) sought treatment at health posts or hospitals, while others opted for home treatment. Smoking and drinking habits were prevalent among 70.43% and 41.74% of respondents, respectively. During sickness, 47.83% were cared for by their spouses, while others received care from family members or neighbors. These findings provide valuable insights into the demographic, socio-economic, and health characteristics of the senior citizen population, highlighting areas for targeted interventions and support programs.

Conclusion

Senior citizens play a fundamental role in society, imparting invaluable guidance and wisdom to younger generations. This study explored the demographic, socioeconomic, and personal hygiene dimensions, alongside the challenges and interests, of senior citizens residing in Gangajamuna VDC Ward No. 5 within the Dhading district of Nepal. The research encompassed 230 respondents, with 36.09% representing male participants and 63.91% female. Its objective was to glean insights into the multifaceted status of senior citizens across various domains. Nepal challenges a demographic transition characterized by an increasing senior citizen populace, which poses complex challenges to social, economic, and healthcare systems. In response, the government has introduced policies and initiatives, such as

old age allowances and pensions, aimed at addressing the needs of senior citizens. Nevertheless, effective implementation of these measures remains a formidable task.

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